Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0310014	25 KENT ROAD				NC	39	Р	GW
Local Address (where applicable)		Service	Resider	tial Commerci		al Industri	al Combine	ed Agricultural
25 KENT RD (CO	RNWALL BRIDGE)	Connections					2	

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)								
Total Coliform (3100)	1 routine (RT) p								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18								
	12/1/18 - 12/31/18		Complete						
	1/1/19 - 1/31/19		Complete						
	2/1/19 - 2/28/19		Complete						
	3/1/19 - 3/31/19		Complete						
	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Physical Parameters (PPS)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18								
	12/1/18 - 12/31/18		Complete						
	1/1/19 - 1/31/19		Complete						
	2/1/19 - 2/28/19		Complete						
	3/1/19 - 3/31/19		Complete						
	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19		Complete							
	1/1/20 - 12/31/20									
Public Notification Requirements										
	6 11 11 11 11	1: At 1:0: 1:	DN 6 116 11							

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/27/16 - 9/21/18	2	7/22/2017		8/1/2017					
Physical Parameters M&R Violation	9/1/18 - 9/30/18	3	12/28/2019	1/4/2019	1/7/2020	1/29/2019				
Total Coliform M&R Violation	10/1/18 - 10/31/18	3	12/28/2019	1/4/2019	1/7/2020	1/29/2019				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	n Po	opulation	Owner Type	Primary Source
CT0310014	25 KENT ROAD			NC		39	Р	GW
Local Address (	where applicable)	Service	Residen	tial Comme	rcial	Industri	al Combine	ed Agricultural
25 KENT RD (CO	ORNWALL BRIDGE)	Connections					2	

Towns Served: CORNWALL

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	9/1/18 - 9/30/18	3	12/28/2019	1/4/2019	1/7/2020	1/29/2019			
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	2/25/2020		3/6/2020				
Physical Parameters M&R Violation	10/1/18 - 10/31/18	3	2/25/2020		3/6/2020				
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	2/25/2020		3/6/2020				

	Water System Facility and Sampling Point Inventory										
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage		
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20563	WELL	2	WELL	Α							
56623	ATMOSPHERIC TANK										
56625	BLADDER TANK										

			Co	ntact Inf	ormation				
Name		Organization	า		Job Title				
Ms. Nina Kaletsch				Panta Prope	rties LLC		Member		
Mailing Address Lin	ailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code
193 West Cornwall	Road					West Co	rnwall	СТ	06796
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-306-7569						ninakale	tsch@gmail.	com	
Contact Dala/a).			-l Ctt O		•				

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0310064	CAMP MOHAWK (MAIN SYSTEM)				NC	25	Р	GW		
Local Address (w	here applicable)	Service	Resider	itial Commerc		al Industri	al Combin	ed Agricultural		
246 GREAT HILL ROAD		Connections		1						
Towns Served: C	ORNWALL									

Towns Served: CORNWALL						
Monitori	ng Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)					
Total Coliform (3100)		1 rou	tine (RT) per month			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points	6/1/19 - 6/30/19					
	7/1/19 - 7/31/19	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rou	tine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>			
Select from Inventory of Active Sampling Points	6/1/19 - 6/30/19					
	7/1/19 - 7/31/19					
	8/1/19 - 8/31/19					
	9/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-9/30	Complete			
	1/1/19 - 12/31/19	4/1-9/30				
	1/1/20 - 12/31/20	4/1-9/30				
Other Com	npliance Schedules					
Compliance Schedule Activity	Due Date	Achieved D	ate			
SEASONAL START UP COMPLETION	4/1/2016					
SEASONAL START UP CERTIFICATION	4/1/2016					
SEASONAL START UP COMPLETION	4/1/2017					
SEASONAL START UP CERTIFICATION	4/1/2017					
SEASONAL START UP COMPLETION	4/1/2018					
SEASONAL START UP CERTIFICATION	4/1/2018					
SEASONAL START UP COMPLETION	5/31/2019					

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20568	WELL	2	WELL	Α							

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<u> </u>		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0310064	CAMP MOHAWK (MAIN SYSTEM)			NC	25	Р	GW
Local Address (	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
246 GREAT HILI	ROAD	Connections		1			

				Contact Inf	ormation					
Name				Organization	า		Job Title			
Mr. Patrick Marcha	nd			YMCA Camp	Mohawk, Inc	Executive Director				
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
YMCA Camp Mohav	vk, Inc.		P.O. Box	x 1209		Litchfiel	d	СТ	06759	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	ldress				
860-672-6655		860-482-3	3878		860-480-2017	480-2017 patrick@campmohawk.org				

# Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0310084	CORNWALL INN				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
270 KENT ROAD		Connections			1			

Towns Served: CORNWALL

M	onitoring Req	juirement	ts			
Water System Facility: <b>DISTRIBUTION SYSTEM</b> (	WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complic	ance Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	mplete
		1/1/19 - 3/	/31/19		Cor	mplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complic	ance Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	mplete
		1/1/19 - 3/	/31/19		Cor	mplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complic	ance Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 12	/31/19		Cor	mplete
		1/1/20 - 12	/31/20			
Public	Notification	Requirem	nents			
	Compliance	Notice	<u>Public</u>	<u>Notification</u>	PN Certi	<u>ification</u>
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received

Public	Notification R	equiren	nents				
	Compliance	Notice	Public No	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
E. Coli	4/1/18 - 6/30/18	3	8/29/2019		9/8/2019		

	W	later System Facili	ty and Sampling P	Point Ir	ivento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Charters	Total Coliform Rule	Lead and Copper Rule Tier	Ashestos	Stage 2 DRPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	naic rici	7.5500505	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20570	WELL	2	WELL	Α				
56591	BLADDER TANKS							 
56593	WATER SOFTENER							 

			Co	ontact Info	ormation				
Name				Organization			Job Title		
Mr. Mark J. Hampson Country Inn/Restaurant									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
270 Kent Road						Cornwall	Bridge	СТ	06754
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	irtme	nt of	Public	Health	Drir	iking	g Water	Section	1	
	Wa	ter Qua	lity M	onit	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Pri	imary Source
CT0310084	CORNWALL INN							С	25	Р		GW
Local Address (w	here applicable)		Service	Residen	tial Co	mmerci	al Industri	al Combir	ned	Agricultural		
270 KENT ROAD		Connection	ns		1							
Towns Served: C	ORNWALL											
860-672-6884		860-672-	0352					info@d	cornwallinn.	com		
Contact Role(s):	Administrative	Contact, Leg	gal Conta	ct, Own	ner							
Name				Or	rganization					Job Tit	le	
Ms. Stacy L Marc	in								Owner			
Mailing Address	Line One		Mailing	Address	s Line Two				City	State	2	Zip Code
270 Kent Rd S								Cornw	all Bridge	СТ		06754
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner											

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0310144	MOHAWK MTN. SKI AREA - MAIN LODGE	NC 25 P						GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
P.O. BOX 27, 46 GREAT HOLLOW ROAD Connections					1			
Towns Served: 0	CORNWALL	,						
	Monit	oring Pogu	iromo	ntc				

P.O. BOX 27, 46 GREAT HOLLOW ROAD		Connections	1	L			
Towns Served: CORNWALL		·					
	Monito	oring Requirement	:S				
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Complic	ınce Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 12	2/31/18			Cor	nplete
		1/1/19 - 3/	31/19			Cor	nplete
		4/1/19 - 6/					
		7/1/19 - 9/	30/19				
Physical Parameters (PPS)							er quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		ince Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 12					nplete
		1/1/19 - 3/				Cor	mplete
		4/1/19 - 6/					
	/	7/1/19 - 9/	30/19				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate And Nitrite (NOX)				- · · ·		<del>-</del>	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		ince Status
ENTRY POINT (3)		1/1/18 - 12,					nplete
		1/1/19 - 12,				Cor	nplete
Mater System Facility: WELL (SDRING	\	1/1/20 - 12,	/31/20				
Water System Facility: WELL (SPRING	) (WSF ID: 2057:	9)			4	+i (DT)	
E. Coli (3014)  Sampling Point (Sampling Point ID)		Monitoring	Dariod	Collect	1 rou ion Period		er quarter Ince Status
WELL (2)		10/1/18 - 12		Conecu	on Periou		nplete
WELL (2)		1/1/19 - 3/					nplete
		4/1/19 - 6/				Col	пріссе
		7/1/19 - 9/					
	Other C	ompliance Schedul					
Compliance Schodule Activity	Other C	-			Achieved I	Data	
Compliance Schedule Activity			/2020		Acnievea	Date	
CROSS CONNECTION SURVEY REPORT			./2020	_			
Water	System Facili	ity and Sampling Po	oint Ir	nventor	Ύ		
Water		c !		Total	Lead and		-
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Rule Tier	Ashestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A	Y	Aute Hel	ASDESIUS	THE Z DUPN
OCCOO DISTRIBUTION STSTEM		WITHIN 5 SERVICE CON	A	ī			
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
00700 LIVINI FUINI	3	LIVITALIONAL	~				

**ENTRY POINT** 

Α

Α

WELL

2

5

20575

47460

56022

WELL (SPRING)

**UV TREATMENT** 

PUMP

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0310144	MOHAWK MTN. SKI AREA - MAIN LODGE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
P.O. BOX 27, 46	GREAT HOLLOW ROAD	Connections		1			

			Co	ntact Inf	ormation				
Name							Job Title		
			ſ	Mohawk Mo	untain Ski Area		Vice-President		
e One		Mailing	Addre	ess Line Two			City	State	Zip Code
		46 Grea	t Hollo	ow Road		Cornwal		CT	06753
Extension	Fax		Mol	oile Phone	Emergency Phone	Email Ad	ldress		
12	860-672-0	0117			mmtn2@mohawkmtn.com				
	Extension	Extension Fax	46 Great Extension Fax	e One Mailing Addre 46 Great Hollo Extension Fax Mol	Organization  Mohawk Mo e One  Mailing Address Line Two 46 Great Hollow Road  Extension  Fax  Mobile Phone	46 Great Hollow Road  Extension Fax Mobile Phone Emergency Phone	Organization  Mohawk Mountain Ski Area  e One  Mailing Address Line Two  46 Great Hollow Road  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  Cornwall	Organization  Mohawk Mountain Ski Area  Vice-President  e One  Mailing Address Line Two  Gity  46 Great Hollow Road  Extension  Fax  Mobile Phone  Emergency Phone  Email Address	Organization Job Title  Mohawk Mountain Ski Area  Pe One  Mailing Address Line Two  46 Great Hollow Road  Extension  Fax  Mobile Phone  Mobile Phone

# Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departi	ment of	F Public H	lealth Γ	)rinkin	o Water 9	Section		
	Water Quality					_			
PWS ID	PWS Name	/ WIOIIIC	oring and			ion   Population   Owner Type   Primary Sour			
CT0310174	RAILROAD SQUARE PLAZA (NE C	ATFRING)			NC	25	P	GW	
	(where applicable)	,	Service	Residentia			Combined	Agricultura	
9 RAILROAD ST			Connections		1			- grander	
Towns Served:	CORNWALL								
		Monite	oring Requ	iirement	is				
Water Systen	n Facility: DISTRIBUTION SYSTI	EM (WSF I	D: 00600)						
<b>Total Colifor</b>	m (3100)					1 r	outine (RT)	er quarter	
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Perio	od Compli	ance Status	
Select fro	m Inventory of Active Sampling Poi	nts		10/1/18 - 12	2/31/18		Co	mplete	
				1/1/19 - 3/	/31/19		Co	mplete	
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
•	ameters (PPS)						outine (RT) լ	-	
	Point (Sampling Point ID)			Monitoring		Collection Perio		ance Status	
Select from Inventory of Active Sampling Points				10/1/18 - 12				mplete	
				1/1/19 - 3/			Со	mplete	
				4/1/19 - 6/					
M/-1 C1	FACILITY POINT (MCF	ID 00700\		7/1/19 - 9/	30/19				
•	n Facility: ENTRY POINT (WSF	וט: טטייטון					4 13 /D	<b>-</b> \	
	Nitrite (NOX)  Point (Sampling Point ID)			Monitoring	Pariod	Collection Perio	1 routine (R	1) per year ance Status	
ENTRY PC						Conection Perio	ou Compile	unce Status	
ENTRYPO	лит (з)			1/1/18 - 12 1/1/19 - 12			Co	mplete	
				1/1/20 - 12			CO	ilibiete	
		Other C	ompliance						
Compliance Sc	hedule Activity	Other C	omphanee		e Date	Achieve	ed Date		
	ANITARY SURVEY				8/2019		/27/2019		
		ıblic Not	ification R			, ,			
	-		ompliance	Notice		Notification	PN Cert	ification	
Violation/Situ	ation		Period	Tier	Required		Due to DPH	Received	
Total Coliform	M&R Violation	1/1,	/16 - 3/31/16	2	7/27/2016		8/6/2016		
Physical Param	neters M&R Violation	1/1,	/16 - 3/31/16	3	6/27/2017	7	7/7/2017		
Physical Param	neters M&R Violation	4/1,	/18 - 6/30/18	3	8/31/2019	3/12/2019	9/10/2019	3/18/2019	
Total Coliform	M&R Violation	4/1,	/18 - 6/30/18	3	8/31/2019	3/12/2019	9/10/2019	3/18/2019	
Nitrate And Ni	trite M&R Violation	1/1/	18 - 12/31/18	3	2/29/2020	3/12/2019	3/10/2020	3/18/2019	
	Water Syste	em Facili	ity and Sar	npling P	oint Inve	entory			
Water System Wa Facility ID	System Water System Facility Sampling Point S		Sampling Poil	nt	Со	otal Lead a liform Coppe Rule Rule Ti		Stage WQP 2 DBP	
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ			
	DOV	WNSTREAM	WITHIN 5 SER	VICE CON	Α				
İ									

**ENTRY POINT** 

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

**UPSTREAM** 

3

00700 ENTRY POINT

WELL

20577

Г0310174	RAILROAD SQUARE PLAZA (NE CATERING)	NC	25	Р	GW		
WS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
Water Quality Monitoring and Compliance Schedule							
	Connecticut Department of Public Health	Drinking	g water	Section			

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Connections

Towns Served: CORNWALL

9 RAILROAD ST

Local Address (where applicable)

			Co	ontact Inf	ormation					
Name				Organization	า		Job Title			
Ms. Cheryl Evans				Cornwall Lea	asehold, LLC		Owner/Mgr.			
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
146 Cornwall Hollov	w Road					West Co	rnwall	СТ	06796	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress	-		
860-672-0094						cacevan	s@gmail.com			

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Сс	nnecticut	Department of	f Public H	lealth	Dı	rink	ing V	Va	ter S	ection		
			Quality Monit					_					
PWS ID	PW	/S Name	Quality 110111	,	0 0011		ssificat				ner Type	Primary :	Source
CT031022			E CENTER DIX HOUSE-N	/AIN			NC		61		Р	GW	
Local Add	Iress (wher	re applicable)		Service	Residen	tial	Comn	nercial	Ind	ustrial	Combine	d Agric	ultura
	R RIVER RC			Connections			4	4					
Towns Se	rved: CORI	NWALL			I			I					
			Monit	oring Requ	iireme	nts	3						
Water Sy	ystem Fac	ility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)									
Total Co	oliform (3	100)								1 ro	utine (RT	) per qu	arter
Sam	pling Poin	t (Sampling Point	ID)		Monitori	ng P	Period	Colle	ctio	n Period	l Comp	oliance St	tatus
Seled	ct from Inv	entory of Active S	ampling Points		10/1/18 -	12/	31/18				(	Complete	)
					1/1/19 -	3/3	1/19				(	Complete	!
					4/1/19 -	6/3	0/19						
					7/1/19 -	9/3	0/19						
Physical	l Paramet	ers (PPS)								1 ro	utine (RT	) per qu	arter
Sampling Point (Sampling Point ID)				Monitoring Period			Colle	ctio	n Period		oliance St		
Select from Inventory of Active Sampling Points			ampling Points		10/1/18 -		-				(	Complete	<u>!</u>
					1/1/19 -						(	Complete	
					4/1/19 -								
					7/1/19 -	9/3	0/19						
			OINT (WSF ID: 00700)										
	And Nitri	•				_		- "			routine		-
		t (Sampling Point	ID)		Monitori			Colle	ctio	n Period		oliance St	
ENT	RY POINT (	3)		1/1/18 - 12/31/18					(	Complete	!		
					1/1/19 -		-						
					1/1/20 -		-		_				
		Wa	ater System Facil	ity and Sar	npling	Ро	int Ir	nvent	ory	<i>!</i>			
Water										Lead and			
-		stem Facility	Sampling Point ID	Sampling Poil Description	nt			Dest-		Copper			Stage
Facility ID		ITIONI CVCTENA			L CVCTEN		<u>Status</u>			Kuie Tie	r Asbesto	S VVQP 2	י אסט
00600		ITION SYSTEM	4	DISTRIBUTION		ı	Α	Y					
00700	ENTRY PO	ו אווע	3	ENTRY POINT			Α						
20581	WELL	E TANKS	2	WELL			Α						
57883	PRESSUR	E TANKS					_	_		_			
			Con	tact Inform	mation	)							
Name				rganization							Job Title	<u> </u>	
Mr. Josep					ty Conference Center			Manager					
	ddress Line		Mailing Addres	ess Line Two			City			State	Zip Co		
79 Lower	River Road	t					W	est Corn	ıwal	I	CT	0679	<del>3</del> 6

Emergency Phone Email Address

jrose@trinitywallstreet.org

Mobile Phone

**Business Phone** 

860-672-1000

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty womtoring and compnance sene									
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source					
CT0310224	TRINITY CONFERENCE CENTER DIX HOUSE-M	NC	61	Р	GW					
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural			
79 LOWER RIVE	Connections		4							

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End of schedule

	Connecticut 1	Department of	Public Health	Drink	ing Wa	ater Se	ection	
	Water	Quality Monit	oring and Com	pliano	ce Sche	edule		
PWS ID	PWS Name	<u> </u>	8				ner Type Pi	rimary Source
CT031024	4 MOHAWK MOUNTA	IN (PINE LODGE SYSTEM	1)	NC	2	25	P	GW
Local Add	ress (where applicable)	· ·	Service Resident	tial Comn	nercial Ir	ndustrial	Combined	Agricultura
46 GREAT	HOLLOW ROAD		Connections		2			
Towns Sei	ved: CORNWALL			· · · · · · · · · · · · · · · · · · ·	1			- !
		Monito	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)					
<b>Total Co</b>	liform (3100)					1 rou	ıtine (RT) <sub>ا</sub>	per quarter
Samj	oling Point (Sampling Point	ID)	Monitori	ng Period	Collect	ion Period	Compli	ance Status
Selec	ct from Inventory of Active S	ampling Points	10/1/18 -	12/31/18			Co	mplete
			1/1/19 -	3/31/19			Co	mplete
			4/1/19 -	6/30/19				
			7/1/19 -	9/30/19				
Physical	Parameters (PPS)					1 rou	ıtine (RT) ו	per quarter
Samj	oling Point (Sampling Point	ID)	Monitori	ng Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active S	ampling Points		12/31/18				mplete
			1/1/19 -				Со	mplete
			4/1/19 -					
			7/1/19 -	9/30/19				
•	stem Facility: ENTRY PC	OINT (WSF ID: 00700)						
	And Nitrite (NOX)						<del>-</del>	T) per year
-	oling Point (Sampling Point	ID)	Monitori		Collect	ion Period		ance Status
ENTF	RY POINT (3)		1/1/18 -					mplete
			1/1/19 -				Со	mplete
			1/1/20 -					
	Wa	iter System Facili	ty and Sampling	Point II	nvento	ry		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Y			
			WITHIN 5 SERVICE CON					
		UPSTREAM	WITHIN 5 SERVICE CON					
00700	ENTRY POINT	3	ENTRY POINT	Α				
22905	SKI PATROL WELL	2	SKI PATROL WELL	Α				
56024	BLADDER TANK							
56026	PINE LODGE BOOSTER PUN	1P						
		Con	tact Information					
Name		Oi	rganization				Job Title	
Mr. Steve	Hedden		ohawk Mountain Ski Ar		Vic	e-Presiden	t	

				Contact In	formation				
Name		Organizatio	on		Job Title				
Mr. Steve Hedden		Mohawk M	Mohawk Mountain Ski Area			Vice-President			
Mailing Address Line One Mailing Address				ddress Line Tw	0	City		State	Zip Code
P.O. Box 27			46 Great	Hollow Road		Cornwal	I	СТ	06753
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-672-6100	12	860-672-	0117			mmtn2(	@mohawkm	itn.com	
Contact Role(s): A	dministrative	Contact, Leg	al Contact	t, Owner					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty Monte	a don	inpliance beliedate						
PWS ID	WS ID PWS Name C					Population	Owner Type	Primary Source	
CT0310244	MOHAWK MOUNTAIN (PINE LODGE SYSTEM			NC	25	Р	GW		
Local Address (	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural	
46 GREAT HOLL	Connections			2					
Towns Served:	CORNWALL								

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End of schedule

	Connecticut Dep	nartment of	F Dublic L	[palth	Drink	ing W	ator S	action	
	•	partifient of iality Monit				0		ection	
PWS ID	PWS Name	<u>-</u>	3 - 8 -					vner Type Pr	imary Source
CT0310254	CAMP MOHAWK (NURSE	& WINTER HOUSE	)		NC	-	25	P	GW
Local Addre	ess (where applicable)	•	Service	Residenti	ial Comn	nercial I	ndustrial	Combined	Agricultural
246 GREAT			Connections					1	
Towns Serv	ved: CORNWALL					l l			
		Monito	oring Requ	iiremen	nts				
Water Sys	tem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Coli	form (3100)						1 r	outine (RT)	per month
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Period	l Compli	ance Status
Select	from Inventory of Active Sampl	ling Points		6/1/19 - 6	5/30/19				
				7/1/19 - 7	7/31/19				
				8/1/19 - 8	8/31/19				
				9/1/19 - 9	9/30/19				
Physical F	Parameters (PPS)						1 r	outine (RT)	per month
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Period	l Compli	ance Status
Select	from Inventory of Active Sampl	ling Points		6/1/19 - 6	5/30/19				
				7/1/19 - 7	7/31/19				
				8/1/19 - 8	3/31/19				
				9/1/19 - 9	9/30/19				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)						1	routine (R	T) per year
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Period	l Compli	ance Status
ENTRY	POINT (3)			1/1/18 - 1	2/31/18	4/	1-9/30	Co	mplete
				1/1/19 - 1	2/31/19	4/	1-9/30		
				1/1/20 - 1	2/31/20	4/	1-9/30		
		Other C	ompliance	Schedu	ules				
Compliance	e Schedule Activity			D	ue Date		Achieved	l Date	
SEASONAL	START UP CERTIFICATION			4,	/1/2017				
SEASONAL	START UP COMPLETION			4,	/1/2017				
SEASONAL	START UP COMPLETION			4,	/1/2018				
SEASONAL	START UP CERTIFICATION			4,	/1/2018				
SEASONAL	START UP COMPLETION			4/	30/2019				
	Water	System Facili	ity and Sar	mpling I	Point lı	nvento	ry		
Water						Total	Lead and	<del>d</del>	
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
		W1	INFIRMARY		Α	Υ			
00700	ENTRY POINT	3	ENTRY POINT		Α				

48065 WELL	2	WELL	А			
	C	ontact Inform	ation			
Name		Organization		Job Title		
Mr. Patrick Marchand		YMCA Camp Moha	wk, Inc	Executive Dire	ector	
Mailing Address Line One	Mailing Add	ress Line Two		City	City State Zip	

	Connectic	ut Depa	irtment c	of Public	Health	ועו	rinking	g water	Sect	ion	
	Wa	ter Qua	lity Moni	itoring ai	nd Con	npl	iance S	Schedul	le		
PWS ID	NS ID PWS Name					Clas	ssification	Population	Owner	Туре	Primary Source
CT0310254	CAMP MOHAW	K (NURSE &	WINTER HOUS	SE)			NC	25	Р		GW
Local Address (w	here applicable)			Service	Residential Commercial Industrial Combined Ag					d Agricultural	
246 GREAT HILL	ROAD			Connection	ıs					1	
Towns Served: C					·			·	·		·
YMCA Camp Mo	hawk, Inc.		P.O. Box 1209	)			Litchfie	eld		СТ	06759
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	ency Phone Email Address					
860-672-6655		860-482-	3878		860-480	-201	7 patrick	c@campmol	nawk.org	3	
Contact Polo(c):	Administrativo	Contact Loc	ral Contact								

Connecticut Department of Public Health Drinking Water Costion

### Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

	Connecticut Departn	nent of Public H	lealth	Drinkin	g Water	Section	
	Water Quality	Monitoring and	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0310264	TRINITY CONFERENCE CENTER-BU		NC	30	Р	GW	
Local Address	Service	Residen	itial Commerc	ial Industr	ial Combine	ed Agricultural	
79 LOWER RIV	/ER ROAD	Connections		1			
Towns Served	: CORNWALL					·	
		<b>Monitoring Requ</b>	ireme	nts			
		/:					

Towns Served: CORNWALL						
M	onitoring Requ	iirement	:s			
Water System Facility: <b>DISTRIBUTION SYSTEM</b> (	WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points	:	11/1/18 - 11	1/30/18		Co	mplete
		12/1/18 - 12	2/31/18		Co	mplete
		1/1/19 - 1/	′31/19		Co	mplete
		2/1/19 - 2/	'28/19		Co	mplete
		3/1/19 - 3/	′31/19		Co	mplete
		4/1/19 - 4/	'30/19			
		5/1/19 - 5/	′31/19			
		6/1/19 - 6/	30/19	-		
		7/1/19 - 7/	'31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	′30/19			
		10/1/19 - 10	)/31/19			
Physical Parameters (PPS)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points	:	11/1/18 - 11	1/30/18		Co	mplete
	:	12/1/18 - 12	2/31/18		Co	mplete
		1/1/19 - 1/	/31/19		Co	mplete
		2/1/19 - 2/	28/19		Co	mplete
		3/1/19 - 3/	/31/19		Co	mplete
		4/1/19 - 4/	30/19			
		5/1/19 - 5/	31/19			
		6/1/19 - 6/	′30/19			
		7/1/19 - 7/	/31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	′30/19			
	:	10/1/19 - 10	)/31/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio		ance Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Co	mplete
		1/1/19 - 12	/31/19			
		1/1/20 - 12	/31/20			
Public	Notification R	equiren	nents			
	Compliance	Notice		Notification	PN Cert	ification_
Violation/Situation	Period	Tier	Require			Received
,		100	ricquire	rerjornieu	240 to Di 11	110001000

Public	Notification R	equiren	nents			
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certij	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/27/18 - 9/27/18	2	10/18/2018		10/28/2018	

	donnecticat Department of	I abiic i	Carci			, vvacci	Decen	<i>J</i> 11	
	Water Quality Monit	coring and	d Con	npl	liance S	Schedu	le		
PWS ID	PWS Name		Classification Pop		Population	Owner T	ype P	Primary Source	
CT0310264	TRINITY CONFERENCE CENTER-BUTLER HAL	L			NC	30	Р		GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industr	Agricultural		
79 LOWER RIVER ROAD Connections 1									

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory								
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
48197	WELL	2	WELL	Α					
		Con	tact Information						

Name				Organization	1	Job Title			
Mr. Karl Tremmel				Trinity Real E	Estate-38Th Floor		Property N	lanager	
Mailing Address Lin	ie One		Mailing Addr	ess Line Two			City	State	Zip Code
120 Broadway						New Yor	·k	NY	10271
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
212-602-0761			91	7-564-9499		ktremmel@trinitywallstreet.org			
Contact Role(s): Le	egal Contact								
Name				Organization	1	Job Title			
Mr. Joseph Rose				Trinity Confe	erence Center		Manager		
Mailing Address Lin	ie One		Mailing Addr	ess Line Two		City		State	Zip Code
79 Lower River Roa	d					West Co	t Cornwall CT 0		06796
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-672-1000						irose@t	rinitywallstr	eet org	

Contact Role(s): Administrative Contact

#### Please note the following:

Towns Served: CORNWALL

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